

GOVERNMENT CARDHOLDER DISPUTE FORM

INQL	QUIRER'S NAME: (1)	DATE: <u>(2)</u>		
CARDHOLDER'S NAME: (3)				
ACC	COUNT NUMBER: <u>(4)</u>			
This f	RDHOLDER: PLEASE PROVIDE A COPY OF ANY INFORM WITH THE STATEMENT THE DISPUTED COPY OF ANY INFORM WITH THE STATEMENT THE DISPUTED COPY OF ANY INFORM WITH THE DISPUTED COPY OF ANY INFORMATION OF ANY INFORM		57117-6125. procedures) with	
DATI	TE: (5) DOLLAR AMOUNT OF CHA	ARGE: \$ (6) MERCHANT: (7)		
	ARDHOLDER SIGNATURE: (8)			
Pleas	ase read carefully each of the following description	ions and check the one most appropriate to your particular 7206 (overseas call collect at 904-954-7850). We will be mor	dispute. If you e than happy	
	UNAUTHORIZED MAIL OR TELEPHONE ORDER [] I have not authorized this charge to my account services.		d any goods o	
• [DUPLICATE PROCESSING - THE DATE OF THE FIRST TRANSACTION WAS [] The transaction listed above represents a multiple billing to my account. I only authorized one charge from this merchant for this amount. My card was in my possession at all times. 			
([My account has been charged for the above to merchant, but the matter was not resolved. 	the merchant contact, and the expected date to receive merchansaction, but I have not received the merchandise. I have consisted transaction. I have contacted this merchant on	tacted the	
• I	MERCHANDISE RETURNED IN THE AMOUNT OF [] My account has been charged for the above lis A copy of the postal or UPS receipt is enclosed	sted transaction, but the merchandise has since been returned.		
	CREDIT NOT RECEIVED [] I have received a credit voucher for the above I A copy of the credit voucher is enclosed.	listed charge, but it has not yet appeared on my account.		
	DIFFERENCE IN AMOUNT [] The amount of this charge has been altered sin amount for which I signed. The difference of an	nce the time of purchase. Enclosed is a copy of my sales draft samount is \$	howing the	
	COPY REQUEST [] I recognize this charge, but need a copy of the	sales draft for my records.		
• ;	SERVICES NOT RECEIVED - Please enclose a set [] I have been billed for this transaction; however,	eparate statement with the date of the merchant contact and r, the merchant was unable to provide the services.	d response.	
		nase; however, the final payment was made by check, cash, or a check (front and back), copy of credit card statement, or applicate as made by other means.		
		was agreed upon with the merchant. (The Cardholder must spec ved. The Cardholder must have attempted to return the merchar		
•	IF NONE OF THE ABOVE REASONS APPLY:			

Provide a complete description of the problem, attempted resolution and outstanding issues. Use a separate sheet of paper

Numbers in parentheses correspond to numbers on guide sheet on next page.

and sign and date your description statement.



GUIDE TO GOVERNMENT CARDHOLDER DISPUTE FORM

Form required when disputing a charge(s).

- 1. Inquirer's Name: Name of individual submitting dispute, i.e., Dispute Officer or Cardholder.
- 2. Date: Day, month and year for the day the dispute is being filed (i.e., today's date).
- 3. Cardholder's Name: List the name that appears on the account where the charge in dispute resides.
- 4. Account Number: 16-digit account number.
- 5. Date: Indicate the date the transaction in dispute was made.
- 6. Dollar Amount of Charge: Indicate the dollar amount of the transaction in dispute.
- 7. Merchant: Name of the merchant for the transaction in dispute.
- 8. Cardholder Signature: Cardholder must sign.
- 9. Error Description: Check the box that most appropriately relates to your type of dispute.